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| Substitute for Form<br>PTO-1390  |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE             | ATTORNEY'S DOCKET NUMBER<br>018765-231 |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>  |  | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>107555418</b> |  |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP2004/006987   | INTERNATIONAL FILING DATE<br>17 May 2004 | PRIORITY DATE CLAIMED<br>15 May 2003                                |  |
| TITLE OF INVENTION   |  |   |  |
| REFLECTOR, USE THEREOF, AND METHOD FOR PRODUCING REFLECTOR (as amended)  |  |   |  |
| APPLICANT(S) FOR DO/EO/US<br>Koichi SHIMADA, Katsuhiko KOIKE and Shin FUKUDA   |  |   |  |
| <p>Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> This is a <b>FIRST</b> submission to items concerning a filing under 35 U.S.C. 371.</li> <li><input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li><input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below.</li> <li><input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).</li> <li><input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ul> </li> <li><input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)) <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ul> </li> <li><input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ul> </li> <li><input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li><input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li><input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> |  |   |  |
| <p><b>Items 11 to 21 below concern document(s) or information included:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li><input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li><input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.</li> <li><input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</li> <li><input type="checkbox"/> A substitute specification.</li> <li><input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li><input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.</li> <li><input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li><input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li><input checked="" type="checkbox"/> Other items or information: <u>Application Data Sheet; General Authorization for Petitions for Extension of Time and Payment of Fees; Form PCT/IB/304.</u></li> </ol>   |  |   |  |

|  |  |  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
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| U.S. APPLICATION NO. <u>107555418</u>  | INTERNATIONAL APPLICATION NO.<br>PCT/JP2004/006987 | ATTORNEY'S DOCKET NUMBER<br>018765-231   |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| 21. <input checked="" type="checkbox"/> Applicant(s) requests that the published application include the following assignment information: <u>MITSUI CHEMICALS, INC., Tokyo, Japan.</u><br><hr/> <hr/> <hr/> <hr/> <hr/>                           |  | <b>CALCULATIONS PTO USE ONLY</b>   |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| 22. <input checked="" type="checkbox"/> The following fees are submitted:  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Basic Filing Fee (1631)</td> <td style="padding: 5px; text-align: right;">\$ 300.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than<br/>months from the earliest claimed priority date (37 CFR 1.492(e)).</td> <td style="padding: 5px; text-align: right;"><input type="checkbox"/> 20 <input type="checkbox"/> 30</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">CLAIMS</td> <td style="padding: 5px; text-align: center;">NUMBER FILED</td> <td style="padding: 5px; text-align: center;">NUMBER EXTRA</td> <td style="padding: 5px; text-align: center;">RATE</td> <td style="padding: 5px; text-align: center;">\$</td> </tr> <tr> <td>Total Claims</td> <td style="text-align: right;">8</td> <td style="text-align: right;">-20 =</td> <td style="text-align: right;">0</td> <td style="text-align: right;">x \$50.00 (1615)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: right;">2</td> <td style="text-align: right;">- 3 =</td> <td style="text-align: right;">0</td> <td style="text-align: right;">x \$200.00 (1614)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td colspan="4" style="padding: 5px; text-align: center;">+ \$360.00 (1616)</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Examination Fee</td> <td colspan="4" style="padding: 5px; text-align: center;">+ \$200.00 (1633) \$ 200.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Search Fee</td> <td colspan="4" style="padding: 5px; text-align: center;">+ \$500.00 (1632) \$ 400.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td colspan="4" style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="4" style="padding: 5px; text-align: center;">TOTAL OF ABOVE CALCULATIONS \$ 900.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above<br/>are reduced by 1/2.</td> <td colspan="4" style="padding: 5px; text-align: center;">+ \$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="4" style="padding: 5px; text-align: center;">SUBTOTAL = \$ 900.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than<br/>months from the earliest claimed priority date (37 CFR 1.492(f)).</td> <td colspan="4" style="padding: 5px; text-align: center;"><input type="checkbox"/> 20 <input type="checkbox"/> 30 \$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="4" style="padding: 5px; text-align: center;">TOTAL NATIONAL FEE = \$ 900.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br/>accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property +</td> <td colspan="4" style="padding: 5px; text-align: center;">\$ 40.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="4" style="padding: 5px; text-align: center;">TOTAL FEES ENCLOSED = \$ 940.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">           a. <input checked="" type="checkbox"/> A check in the amount of <u>\$ 940.00</u> to cover the above fees is enclosed.         </td> <td colspan="4" style="padding: 5px; text-align: center;"> <u>Amount to be<br/>refunded :</u><br/> <u>charged :</u> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A<br/>duplicate copy of this sheet is enclosed.         </td> <td colspan="4" style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">           c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to<br/>Deposit Account No. <u>02-4800</u>. A duplicate copy of this sheet is enclosed.         </td> <td colspan="4" style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">           d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached.         </td> <td colspan="4" style="padding: 5px;"></td> </tr> <tr> <td colspan="6" style="padding: 10px;"> <b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b> </td> </tr> <tr> <td colspan="6" style="padding: 10px;">           SEND ALL CORRESPONDENCE TO:<br/>           Buchanan Ingersoll PC<br/>           Including attorneys from Burns, Doane, Swecker &amp; Mathis<br/>           P.O. Box 1404<br/>           Alexandria, Virginia 22313-1404<br/>           (703) 836-6620         </td> </tr> <tr> <td colspan="6" style="text-align: right; padding: 10px;"> <br/>           SIGNATURE<br/> <u>Robert G. Mukai</u><br/>           NAME<br/> <u>Robert G. Mukai</u><br/>           REGISTRATION NO. 28,531 DATE November 3, 2005         </td> </tr> </table> | Basic Filing Fee (1631) |                   | \$ 300.00 | Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than<br>months from the earliest claimed priority date (37 CFR 1.492(e)). |  | <input type="checkbox"/> 20 <input type="checkbox"/> 30 | CLAIMS |  | NUMBER FILED | NUMBER EXTRA | RATE | \$ | Total Claims | 8 | -20 = | 0 | x \$50.00 (1615) | \$ 0.00 | Independent Claims | 2 | - 3 = | 0 | x \$200.00 (1614) | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  | + \$360.00 (1616) |  |  |  | Examination Fee |  | + \$200.00 (1633) \$ 200.00 |  |  |  | Search Fee |  | + \$500.00 (1632) \$ 400.00 |  |  |  | App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) |  |  |  |  |  |  |  | TOTAL OF ABOVE CALCULATIONS \$ 900.00 |  |  |  | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 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A<br>duplicate copy of this sheet is enclosed. |  |  |  |  |  | c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to<br>Deposit Account No. <u>02-4800</u> . A duplicate copy of this sheet is enclosed. |  |  |  |  |  | d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached. |  |  |  |  |  | <b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b> |  |  |  |  |  | SEND ALL CORRESPONDENCE TO:<br>Buchanan Ingersoll PC<br>Including attorneys from Burns, Doane, Swecker & Mathis<br>P.O. Box 1404<br>Alexandria, Virginia 22313-1404<br>(703) 836-6620 |  |  |  |  |  | <br>SIGNATURE<br><u>Robert G. Mukai</u><br>NAME<br><u>Robert G. Mukai</u><br>REGISTRATION NO. 28,531 DATE November 3, 2005 |  |  |  |  |  |
| Basic Filing Fee (1631)  |  | \$ 300.00  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than<br>months from the earliest claimed priority date (37 CFR 1.492(e)).   |  | <input type="checkbox"/> 20 <input type="checkbox"/> 30  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| CLAIMS   |  | NUMBER FILED   | NUMBER EXTRA            | RATE              | \$        |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Total Claims   | 8  | -20 =  | 0                       | x \$50.00 (1615)  | \$ 0.00   |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Independent Claims   | 2  | - 3 =  | 0                       | x \$200.00 (1614) | \$ 0.00   |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)  |  | + \$360.00 (1616)  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Examination Fee  |  | + \$200.00 (1633) \$ 200.00  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Search Fee   |  | + \$500.00 (1632) \$ 400.00  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)   |  |  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|  |  | TOTAL OF ABOVE CALCULATIONS \$ 900.00  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above<br>are reduced by 1/2.  |  | + \$ 0.00  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|  |  | SUBTOTAL = \$ 900.00   |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than<br>months from the earliest claimed priority date (37 CFR 1.492(f)).  |  | <input type="checkbox"/> 20 <input type="checkbox"/> 30 \$ 0.00  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|  |  | TOTAL NATIONAL FEE = \$ 900.00   |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br>accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property +  |  | \$ 40.00   |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|  |  | TOTAL FEES ENCLOSED = \$ 940.00  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| a. <input checked="" type="checkbox"/> A check in the amount of <u>\$ 940.00</u> to cover the above fees is enclosed.  |  | <u>Amount to be<br/>refunded :</u><br><u>charged :</u>   |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A<br>duplicate copy of this sheet is enclosed.   |  |  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to<br>Deposit Account No. <u>02-4800</u> . A duplicate copy of this sheet is enclosed. |  |  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached.  |  |  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b>                                   |  |  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:<br>Buchanan Ingersoll PC<br>Including attorneys from Burns, Doane, Swecker & Mathis<br>P.O. Box 1404<br>Alexandria, Virginia 22313-1404<br>(703) 836-6620  |  |  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <br>SIGNATURE<br><u>Robert G. Mukai</u><br>NAME<br><u>Robert G. Mukai</u><br>REGISTRATION NO. 28,531 DATE November 3, 2005                                     |  |  |                         |                   |           |  |  |   |        |  |              |              |      |    |              |   |       |   |                  |         |                    |   |       |   |                   |         |   |  |                   |  |  |  |                 |  |                             |  |  |  |            |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |   |  |           |  |  |  |  |  |                      |  |  |  |   |  |   |  |  |  |  |  |                                |  |  |  |   |  |          |  |  |  |  |  |                                 |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |